B. Vulnerable Adults

Contractor payment will be on a capitation firm fixed price basis. The upper limit for payment for services provided on a capitation basis shall be established by ascertaining what other third parties are paying for comparable services under comparable circumstances. The unit rate for state staff delivered services will be calculated based on historical costs.

Payment made for targeted case management services will not duplicate payments made to public agencies or private entities under other program authorities for the same purpose.

The contractor and the department will maintain an adequate audit trail to ensure that state match is nonfederal in origin, and that billed services were actually delivered. Documentation will be available for audit by authorized federal and state personnel.

C. Recipients who are high risk pregnant women and their infants living with them up to age one.

Payment will be on a fee-for-service basis. The upper limit for payment for services provided on a fee-for-service basis shall be based on an estimate of the fee for providing the services. The unit rates for state staff delivered services will be calculated based on historical costs.

Payments made for targeted case management services will not duplicate payments made to public agencies or private entities under other program authorities for the same purpose.

TN 90-9	Approved 4/25/90	Effective ///90
upersedes	89-10	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT STATE: WASHINGTON

D. Recipients under age 21 (not already serviced by a case manager) whose family or caretaker needs assistance in accessing the health care system.

Payment will be on a fee-for-service basis. The upper limit for payment for services provided on a fee-for-service basis shall be based on a rate negotiated by the state Medicaid agency.

For state staff, the rate will be based on the cost of service: All the expenditures associated with the delivery of TCM within a defined time frame divided by all the TCM units of service provided.

Payments made for targeted case management services will not duplicate payments made to public agencies or private entities under other program authorities for the same purpose.

The provider will maintain adequate documentation to assure that services were provided as billed. Documentation will be available for audit by authorized federal and state personnel.

E. Services for Limited English Speaking (LES) recipients.

As outlined in this plan, coordinated case management services will be provided by contract providers.

- 1. All case management and supportive services will be tracked through the Medicaid agency's Division of Refugee Assistance (DORA) computerized case management information system. Medicaid agency social workers will maintain detailed case files of client activities and referrals to contracted providers who provide coordinated case management services.
- Contractor payments will be based on a fee-for-service basis. The unit rate for delivered services will be adjusted annually based on historic costs and negotiated by DORA in each region.

TN# 95-14 Approval Date: 4-4-96 Effective Date: 4/1/95 Supersedes TN 92-07

ATTACHMENT 4.19-B Page 7a

STATE	PLAN	UNDER	TITLE	XIX	OF	THE	SOCIAL	SECURITY	ACT
		STATE:					INGTON		

- 3. Contractor payments will be based on a fee-forservice basis. Payment for services will be based on budget cost of the Contractor. The unit rates for delivered self-sufficiency case management services will be based on historic costs and negotiated by DORA in each region.
- 4. All providers will maintain adequate documentation to assure that services were provided as billed. Documentation will be available for audit by authorized federal and state personnel.
- 5. This coordinated approach recognizes the different level of case management services for the targeted group serves and also maximizes the language coverage available to the population serves under this plan.
- This process is coordinated through contracts, local agreements and, field manuals to CSOs and contracted providers staff.
- 7. Cost of services will be billed quarterly and reconciled to the financial and DORA Management Information System (MIS) records annually.

TN # 97-14 Approval Date: 77-74 Effective Date: 10/1/97 Supersedes

TN # 93-39

ATTACHMENT 4.19-B Page 7b

REVISION

STATE	PLAN	UNDER	TITLE	XIX	OF.	THE	SOCIAL	SECURITY	ACI
Stat	:e			W	\SH	INGT	ON		

XVI Hospice Services

Payment is made to a designated hospice provider based on a daily rate. The rates are contingent on the type of service provided that day. The rates are based on Medicaid guidelines and are wage adjusted.

Payment will not decrease on October 1, 1990 and increase again on January 1, 1991, but will continue at the October 1, 1990 level until such time as reimbursement levels are adjusted.

TN# <u>97-14</u> Supersedes TN# <u>93-39</u> Approval Date:

- EI

Effective Date: 10/1/97

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State _____Washington

XIV PERSONAL CARE SERVICES

A. Payment for Service

Payment for agency-provided services will be made on a reimbursement basis at an hourly unit rate. Agencies providing personal care services will be licensed homecare agencies. Each agency will submit monthly billings to Aging and Adult Services Administration for personal care services provided in each service area.

Payment for services provided by individual providers will be made directly to the provider via Social Service Payment System. Individual providers of personal care services will be under contract to the Department of Social and Health Services.

No payment will be made for services beyond the scope of the program or hours of service exceeding the department's authorization.

B. Service Rates

The hourly rate for agency-provided services is based on comparable service unit rates. The unit rate for agency-provided personal care increases above household-task and chore services due to necessary increased skill levels for home care aides, increased liabilities of provider agencies, and increased administrative costs due to nurse oversight coordination and aide-training activities.

The hourly rate for individual-provided personal care is based on comparable service unit rates. The unit rate for individual-provided personal care services increases above household tasks and chore services rates due to necessary increased skill levels for individual providers of personal care.

TN: 97-12 Approval Date: 1/7/98 Effective Date: 10/1/97 Supercedes:

TN: 91-14

XVI FEDERALLY QUALIFIED HEALTH CARE CENTERS

Federally Qualified Health Care Centers are reimbursed for clinic services at a rate per encounter established for the clinic.

Encounter rates will be clinic specific and established by cost reports.

XVII MEDICAL SERVICES FURNISHED BY A SCHOOL DISTRICT

Reimbursement to school districts for medical services provided will be at the usual and customary charges up to a maximum established by the state.

XVIII MENTAL HEALTH SERVICES

Each community mental health provider participating in the Medicaid program is required to submit a cost report. These cost reports are aggregated, subjected to statistical tests, and the resulting information is used to determine a cost-based rate for each provider. These rates are arrayed, from lowest to highest, and statewide maximum rates are set using the 55th percentile of provider reported cost. Providers are required to bill their usual and customary charge (UCC) and they are paid at the UCC or the statewide maximum rate, whichever is lower. This process ensures that 100 percent of cost is covered for the most efficient 55 percent of the providers and provides an incentive for higher cost providers to lower their cost of providing service.

TN# 9/-/4 Approval Date: 1/25/9/ Effective Date: 7/1/9/
Supersedes
TN# 9/-/0

IV. PAYMENT FOR OBSTETRICAL AND PEDIATRIC SERVICES

	INT FOR OBSTETRICAL AND PEDIATRIC SERVICES	DIATRIC SERV	/ICEC		
	MUM MEDICAID PAYMENT RATES FOR LISTED PRACTITIONER P	EDIATRIC SERV	ICE2	NA.	aximum
Procedure		I fait Malua	Fastas		
Code	Procedure Description 1. OFFICE AND OTHER OUTPATIENT MEDICAL SERVICES	Unit Value	Factor		ayment
00004	NEW PATIENT	NI/A	AI/A	•	24.04
	Office & other outpatient visit, new patient, typically 10 minutes	N/A	N/A	\$	34.01
99202		N/A	N/A	\$	53.63
99203		N/A	N/A	\$	73.68
99204	1 1/4	N/A	N/A	\$	110.31
99205	typcially 60 minutes	N/A	N/A	\$	138.21
1					
]	ESTABLISHED PATIENT				
99211	Office and other outpatient visit, established patient,	N/A	N/A	\$	16.13
[typically 5 minutes				
99212	typically 10minutes	N/A	N/A	\$	29.21
99213	typically 15 minutes	N/A	N/A	\$	41.42
99214	typically 25 minutes	N/A	N/A	\$	63.66
	typically 40 minutes	N/A	N/A	\$	100.72
	,,,,,			•	
1	2. OFFICE OR OTHER OUTPATIENT CONSULTATIONS	•			
]	NEW OR ESTABLISHED PATIENT				
99241	Office consultation for a new or established patient;	N/A	N/A	\$	28.34
33241	typically spend 15 minutes	13//3	14// (Ψ	20.04
99242	typically spend 30 minutes	N/A	N/A	\$	44.47
	typically spend 40 minutes	N/A	N/A	\$	57.60
99244		N/A	N/A	\$	81.10
99245		N/A	N/A	\$	109.21
99243	typically spend of minutes	IN/A	IN/A	Ф	109.21
	2 CONFIDMATORY CONCULTATIONS				
	3. CONFIRMATORY CONSULTATIONS				
00074	NEW OR ESTABLISHED PATIENT	****		•	04.00
992/1	Confirmatory consultation for a new or established patient,	N/A	N/A	\$	24.88
	usually presenting problem(s) are; self limited or minor			_	
99272		N/A	N/A	\$	37.09
99273	•	N/A	N/A	\$	52.53
99274	,	N/A	N/A	\$	69.35
99275	moderate to high severity	N/A	N/A	\$	95.62
ì					
	4. HOME SERVICES				
ł	NEW PATIENT				
99341	Home visit for the E/M of a new patient, usually the presenting	N/A	N/A	\$	38.71
ł	problem(s) are; of low severity			-	
99342		N/A	N/A	\$	50.69
99343		N/A	N/A	\$	66.36
1	,			•	
ì	ESTABLISHED PATIENT				
99351	Home visit for the E/M of an established patient, usually the	N/A	N/A	\$	29.95
1 00001	patient is; stable, recovering or improving	17/0	14/7	Ψ	29.90
99352		N/A	N/A	•	38.48
99332	a minor complication	IN/A	INA	\$	30.40
00252		AL/A	22/2		40.04
99353		N/A	N/A	\$	48.61
	significant new problem				
	r projectore				
	5. PROLONGED SERVICES				ì
	WITH DIRECT (FACE-TO-FACE) PATIENT CONTACT			_	
99354	Prolonged physician service in the office or other outpatient setting	N/A	N/A	\$	53.22
	requiring direct patient contact beyound the usual service; first hour				
99355	each additional 30 minutes	N/A	N/A	\$	53.22
TN#	Approval Date: 6 19 27	Effective Date:	7/1/97		
07.04	1 V 1 1 1 1 1 1 1				

97-01 Supersedes TN# 96-05

6/6/37

Procedure Code Procedure Description Unit Value Page 11 Maximum Payment Code Procedure Description Unit Value Pactor Payment WiTHOUT DIRECT (FACE-TO-FACE) PATIENT CONTACT 99358 Prolonged evaluation and management service before and/or after direct patient care, first hour 99359 9359 sch additional 30 minutes Bundled N/A Sc6.24 patient infant (under 1 year) N/A N/A \$56.24 patient infant (under 1 year) N/A N/A \$73.68 STABLISHED PATIENT N/A N/A \$73.68 N/A N/A \$73.68 STABLISHED PATIENT N/A N/A \$64.36 STABLISHED PATIENT PREVENTIVE MEDICINE (under 1 years) N/A N/A \$64.36 T. COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION NEW OR ESTABLISHED PATIENT PREVENTIVE MEDICINE INDIVIDUAL COUNSELING 99401 Ounseling and/or risk factor reduction intervention(s) provided to a healthy individual; approximately 30 minutes Noncovered N/A Not Cov. PREVENTIVE MEDICINE INDIVIDUAL COUNSELING 99402 PREVENTIVE MEDICINE GROUP COUNSELING PROVING PROVING PREVENTIVE MEDICINE SERVICES PROVING PR				ATTACHMI	ENT 4.19-B
MITHOUT DIRECT (FACE-TO-FACE) PATIENT CONTACT	Procedure			rage 11	Maximum
99358 Prolonged evaluation and management service before and/or after direct patient care; first hours of the direct patient c	,	Procedure Description	Unit Value	Factor	
99358 Prolonged evaluation and management service before and/or after direct patient care; first hours of the direct patient c		AND THE PROPERTY OF THE PARTY O			
### and the direct patient care, first hour each additional 30 minutes	00359		Dundlad	NI/A	Dundlad
99359 each additional 30 minutes	99358		Bunalea	N/A	Bundled
6. PREVENTIVE MEDICINE NEW PATIENT 99381 Initial evaluation & management of a healthy individual, new patient; infant (under 1 year) 99382 and patient; infant (under 1 year) 99383 and patient; infant (under 1 year) 99381 and patient; infant (under 1 year) 99382 early childhood (age 5 through 11 years) 99381 initial evaluation & management of a healthy individual, N/A N/A S43.60 established patient; infant (under 1 year) 99392 early childhood (age 1 through 4 years) 99393 and early childhood (age 1 through 11 years) 99393 and early childhood (age 1 through 11 years) N/A N/A S60.60 99394 and exit childhood (age 5 through 11 years) N/A N/A S60.60 7. COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION NEW OR ESTABLISHED PATIENT PREVENTIVE MEDICINE. INDIVIDUAL COUNSELING 99401 Counseling and/or risk factor reduction intervention(s) provided to a healthy individual, approximately 30 minutes 99402 approximately 30 minutes Noncovered N/A Not Cov. PREVENTIVE MEDICINE. GROUP COUNSELING 99411 Counseling and/or risk factor reduction intervention(s) provided to N/A	99359		Bundled	N/A	Rundled
NEW PATIENT	00000		Danaica	14//	Danaica
99311 Initial evaluation & management of a healthy individual, new patient; infant (under 1 year); 99322 early childhood (age 1 through 4 years) N/A					
patient, infant (under 1 year) 93303 93303 93303 93303 93304 advichidhood (age 5 through 11 years) 1000 1000 1000 1000 1000 1000 1000 10	00004				
99382 early childhood (age 1 through 4 years) N/A N/A \$73.68 99383 99384 99384	99381		N/A	N/A	\$56.24
99383 alate childhood (age 5 through 11 years)	99382		N/Δ	N/Δ	\$64.96
99384 adolescent (age 12 through 17 years) P39391 Initial evaluation & management of a healthy individual,					
ESTABLISHED PATIENT					
99391 Initial evaluation & management of a healthy individual, 9343.60 established patient; infant (under 1 year) 89392 early childhood (age 1 through 1 years) 80.60 N/A N/A \$52.32 99393 adolescent (age 12 through 11 years) 80.60 N/A N/A \$60.60 99394 adolescent (age 12 through 11 years) 80.60 N/A N/A \$60.60 N/A N/A N/A N/A \$60.60 N/A N/A N/A N/A \$60.60 N/A	}	3 . , . ,			******
established patient; infant (under 1 year) 93932 early childhood (age 1 through 4 years) N/A N/A \$52.32 93933 late childhood (age 5 through 17 years) N/A N/A \$60.60 93939 Adolescent (age 12 through 17 years) N/A N/A \$64.96 7. COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION NEW OR ESTABLISHED PATIENT PREYENTIVE MEDICINE. INDIVIDUAL COUNSELING 99401 Counseling aud/or risk factor reduction intervention(s) provided to a healthy individual; approximately 15 minutes 99403 approximately 30 minutes 99404 approximately 45 minutes 99405 Noncovered N/A Not Cov. 99406 PREYENTIVE MEDICINE. GROUP COUNSELING 99410 Counseling and/or risk factor reduction intervention(s) provided to healthy individuals in a group setting; approximately 30 minutes 99412 approximately 60 minutes OTHER PREVENTIVE MEDICINE. SERVICES 99420 Administration & interpretation of health risk assessment N/A	1				
99392 early childhood (age 5 through 1 years) N/A N/A \$60.60 99394 late childhood (age 5 through 17 years) N/A N/A \$60.60 99394 rate childhood (age 5 through 17 years) N/A N/A \$60.60 99394 rate childhood (age 5 through 17 years) N/A N/A \$60.60 7. COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION NEW OR ESTABLISHED PATIENT PREVENTIVE MEDICINE. INDIVIDUAL COUNSELING 99401 Counselling and/or risk factor reduction intervention(s) provided to a healthy individual; approximately 45 minutes Noncovered N/A Not Cov. approximately 45 minutes Noncovered N/A Not Cov. PREVENTIVE MEDICINE. GROUP COUNSELING 99402 approximately 60 minutes Noncovered N/A Not Cov. PREVENTIVE MEDICINE. GROUP COUNSELING 99411 Counseling and/or risk factor reduction intervention(s) provided to healthy individuals in a group setting; approximately 30 minutes Noncovered N/A Not Cov. healthy individuals in a group setting; approximately 30 minutes Noncovered N/A Not Cov. OTHER PREVENTIVE MEDICINE SERVICES 99412 Administration & interpretation of health risk assessment N/A N/A N/A B.R. instrument (e.g., health hazard appraisal) 99429 Unlisted preventive medicine service N/A N/A N/A B.R. NEWBORN CARE 99432 Newborn care, in other than hospital setting, including Noncovered N/A Not. Cov. physical examination of baby and conference(s) with parents. 99432 Newborn care, in other than hospital setting, including Noncovered N/A N/A \$19.30 perfussis vaccine (DTP) N/A N/A \$19.30 perfussis vaccine (DTP) N/A N/A \$3.26 (10 phylicial examination of baby and conference(s) with parents. 997070 Immunization, active, diptheria, tetanus toxoids, and acellular N/A N/A \$3.26 (10 phylicial examination of baby and conference(s) with parents. 997070 N/A N/A \$3.26 (10 phylicial examination of baby and conference(s) with parents. 997070 N/A N/A \$3.26 (10 phylicial examination of baby and conference(s) with parents. 997070 N/A N/A \$3.26 (10 phylicial examination) of baby and conference(s) with parents. 997071 N/A N/A \$3.26 (10 phylicial examination of baby and confere	99391		N/A	N/A	\$43.60
Second S	2222				
99394 adolescent (age 12 through 17 years) N/A N/A \$64.96 7. COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION NEW OR ESTABLISHED PATIENT PREVENTIVE MEDICINE. INDIVIDUAL COUNSELING 99401 Counseling and/or risk factor reduction intervention(s) provided to a healthy individual; approximately 30 minutes 99402 approximately 30 minutes 99403 approximately 60 minutes Noncovered N/A Not Cov. OTHER PREVENTIVE MEDICINE SERVICES 99420 Administration & interpretation of health risk assessment N/A N/A B.R. Instrument (e.g., health hazard appraisal) 99429 Unlisted preventive medicine service N/A N/A N/A B.R. NewBorn Care 99432 Newborn care, in other than hospital setting, including Noncovered N/A Not. Cov. physical examination of baby and conference(s) with parents. 99442 Newborn care, in other than hospital setting, including Noncovered N/A N/A \$19.30 pertussis vaccine (DTaP) diphthena and tetamus toxoids and pertussis vaccine (DPT) N/A N/A \$12.89 (phythena and tetamus toxoids and pertussis vaccine (DPT) N/A N/A \$3.26 (phythena and tetamus toxoids (DT) N/A N/A \$3.26 (phythena and te					
7. COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION NEW OR ESTABLISHED PATIENT PREVENTIVE MEDICINE. INDIVIDUAL COUNSELING Gounseling and/or risk factor reduction intervention(s) provided to a healthy individual; approximately 15 minutes					
NEW OR ESTABLISHED PATIENT PREVENTIVE MEDICINE. INDIVIDUAL COUNSELING 99401 99401 Counseling and/or risk factor reduction intervention(s) provided to a healthy individual; approximately 15 minutes approximately 30 minutes Noncovered N/A Not Cov. 99403 approximately 45 minutes Noncovered N/A Not Cov. 99404 99410 PREVENTIVE MEDICINE. GROUP COUNSELING Counseling and/or risk factor reduction intervention(s) provided to healthy individuals in a group setting; approximately 30 minutes 99411 OTHER PREVENTIVE MEDICINE SERVICES 99420 Administration & interpretation of health risk assessment instrument (e.g., health hazard appraisal) Unlisted preventive medicine service N/A N/A B.R. 8. NEWBORN CARE 99432 Newborn care, in other than hospital setting, including physical examination of baby and conference(s) with parents. 99400 99700 Immunization, active; diptheria, tetanus toxoids, and acellular pertussis vaccine (DTaP) 90701 diphtheria and tetanus toxoids and pertussis vaccine (DPT) N/A N/A \$12.89 90702 diphtheria and tetanus toxoids (DT) N/A N/A \$3.00 90704 mumps virus vaccine, live N/A N/A \$3.00 90705 measles virus vaccine, live N/A N/A \$3.45 90707 measles, mumps and rubella virus vaccine, live N/A N/A \$3.45 Not Cov. Not Cov. N/A N/A \$22.06 90709 90701 DP and injectable poliomyelitis vaccine Noncovered N/A N/A \$27.42 N/A N/A \$3.45 N/A N/A \$27.42 N/A N/A \$27.42 N/A N/A \$27.42 N/A N/A \$27.42 NONCOVER N/A N/A \$27.42	99394	adolescent (age 12 tillough 17 years)	N/A	N/A	Ф 04.90
NEW OR ESTABLISHED PATIENT PREVENTIVE MEDICINE. INDIVIDUAL COUNSELING 99401 99401 Counseling and/or risk factor reduction intervention(s) provided to a healthy individual; approximately 15 minutes approximately 30 minutes Noncovered N/A Not Cov. 99403 approximately 45 minutes Noncovered N/A Not Cov. 99404 99410 PREVENTIVE MEDICINE. GROUP COUNSELING Counseling and/or risk factor reduction intervention(s) provided to healthy individuals in a group setting; approximately 30 minutes 99411 OTHER PREVENTIVE MEDICINE SERVICES 99420 Administration & interpretation of health risk assessment instrument (e.g., health hazard appraisal) Unlisted preventive medicine service N/A N/A B.R. 8. NEWBORN CARE 99432 Newborn care, in other than hospital setting, including physical examination of baby and conference(s) with parents. 99400 99700 Immunization, active; diptheria, tetanus toxoids, and acellular pertussis vaccine (DTaP) 90701 diphtheria and tetanus toxoids and pertussis vaccine (DPT) N/A N/A \$12.89 90702 diphtheria and tetanus toxoids (DT) N/A N/A \$3.00 90704 mumps virus vaccine, live N/A N/A \$3.00 90705 measles virus vaccine, live N/A N/A \$3.45 90707 measles, mumps and rubella virus vaccine, live N/A N/A \$3.45 Not Cov. Not Cov. N/A N/A \$22.06 90709 90701 DP and injectable poliomyelitis vaccine Noncovered N/A N/A \$27.42 N/A N/A \$3.45 N/A N/A \$27.42 N/A N/A \$27.42 N/A N/A \$27.42 N/A N/A \$27.42 NONCOVER N/A N/A \$27.42	!	7. COUNSELING AND/OR RISK FACTOR REDUCTION INTERVEN	TION		
PREVENTIVE MEDICINE. INDIVIDUAL COUNSELING Counseling and/or risk factor reduction intervention(s) provided to a healthy individual; approximately 15 minutes approximately 30 minutes 39402 99403 99404 PREVENTIVE MEDICINE. GROUP COUNSELING Counseling and/or risk factor reduction intervention(s) provided to healthy individuals in a group setting; approximately 30 minutes approximately 60 minutes Noncovered N/A Not Cov. PREVENTIVE MEDICINE. GROUP COUNSELING Counseling and/or risk factor reduction intervention(s) provided to healthy individuals in a group setting; approximately 30 minutes approximately 60 minutes Noncovered N/A Not Cov. OTHER PREVENTIVE MEDICINE SERVICES Administration & interpretation of health risk assessment instrument (e.g., health hazard appraisal) Unlisted preventive medicine service N/A N/A N/A B.R. 8. NEWBORN CARE 99432 Newborn care, in other than hospital setting, including portusis vaccine (DTaP) Mimunization, active; diptheria, tetanus toxoids, and acellular pertussis vaccine (DTaP) 90701 Immunization, active; diptheria, tetanus toxoids, and acellular pertussis vaccine (DTaP) 90702 Miptheria and tetanus toxoids (DT) N/A N/A \$12.89 90703 N/A N/A \$12.89 90704 mumps virus vaccine, live N/A N/A \$3.00 90705 measles virus vaccine, live, attenuated N/A N/A \$3.45 N/A N/A \$3.45 N/A N/A \$20.06 N/A N/A \$3.45 N/A N/A \$3.45 N/A N/A \$3.45 N/A N/A \$25.67 90709 90701 DTP and injectable poliomyelitis vaccine N/A N/A \$27.42 N/A					
99401 Counseling and/or risk factor reduction intervention(s) provided to a healthy individual; approximately 15 minutes 99402 approximately 30 minutes 99403 approximately 45 minutes 99411 Counseling and/or risk factor reduction intervention(s) provided to healthy individuals in a group setting; approximately 30 minutes 99412 PREVENTIVE MEDICINE. GROUP COUNSELING 99412 Counseling and/or risk factor reduction intervention(s) provided to healthy individuals in a group setting; approximately 30 minutes 99412 approximately 60 minutes 99420 Administration & interpretation of health risk assessment 10 Instrument (e.g., health hazard appraisal) 99429 Unlisted preventive medicine service 8. NEWBORN CARE 99432 99432 99432 99434 99435 99404 99405 99406 99406 99406 99406 99406 99407 99407 99408 99408 99409 99409 99409 99400					
to a healthy individual; approximately 15 minutes approximately 30 minutes Anot Cov. 39402 approximately 30 minutes Anot Cov. approximately 60 minutes Noncovered N/A Not Cov. Anot Cov. A					
approximately 30 minutes	99401		Noncovered	N/A	Not Cov.
approximately 45 minutes approximately 45 minutes approximately 60 minutes Noncovered N/A Not Cov. PREVENTIVE MEDICINE. GROUP COUNSELING Gounseling and/or risk factor reduction intervention(s) provided to healthy individuals in a group setting; approximately 30 minutes approximately 60 minutes Noncovered N/A Not Cov. OTHER PREVENTIVE MEDICINE SERVICES Administration & interpretation of health risk assessment instrument (e.g., health hazard appraisal) Unlisted preventive medicine service N/A N/A N/A B.R. 8. NEWBORN CARE 99432 Newborn care, in other than hospital setting, including physical examination of baby and conference(s) with parents. 9. IMMUNIZATION INJECTIONS Immunization, active; diptheria, tetanus toxoids, and acellular pertussis vaccine (DTaP) diphtheria and tetanus toxoids and pertussis vaccine (DPT) N/A N/A \$12.89 90702 diphtheria and tetanus toxoids (DT) N/A N/A \$3.26 tetanus toxoid N/A N/A \$3.26 tetanus toxoid N/A N/A \$3.26 mumps virus vaccine, live N/A N/A \$18.73 measles virus vaccine, live N/A N/A \$27.42 measles and rubella virus vaccine, live N/A N/A N/A \$27.42 measles, mumps and rubella virus vaccine, live N/A N/A N/A \$27.42 measles, mumps, rubella, and varicella vaccine Noncovered N/A Not Cov. Not Cov.					
99404 approximately 60 minutes Noncovered N/A Not Cov. PREVENTIVE MEDICINE. GROUP COUNSELING Counseling and/or risk factor reduction intervention(s) provided to healthy individuals in a group setting; approximately 30 minutes approximately 60 minutes Administration & interpretation of health risk assessment instrument (e.g., health hazard appraisal) 99420 OTHER PREVENTIVE MEDICINE SERVICES Administration & interpretation of health risk assessment instrument (e.g., health hazard appraisal) Unlisted preventive medicine service N/A N/A B.R. 8. NEWBORN CARE 99432 Newborn care, in other than hospital setting, including physical examination of baby and conference(s) with parents. 9. IMMUNIZATION INJECTIONS Immunization, active; diptheria, tetanus toxoids, and acellular pertussis vaccine (DTaP) diphtheria and tetanus toxoids and pertussis vaccine (DPT) diphtheria and tetanus toxoids (DT) tetanus toxoid mumps virus vaccine, live measles virus vaccine, live measles virus vaccine, live, attenuated numbs virus vaccine, live measles and rubella virus vaccine, live numes virus vaccine, live N/A N/A \$22.66 Noncovered N/A N/A \$27.42 Noncovered N/A N/A \$27.42 Noncovered N/A N/A Cov. Not Cov.		the contract of the contract o			
PREVENTIVE MEDICINE. GROUP COUNSELING 99411 Counseling and/or risk factor reduction intervention(s) provided to healthy individuals in a group setting; approximately 30 minutes approximately 60 minutes Noncovered N/A Not Cov. OTHER PREVENTIVE MEDICINE SERVICES 99420 Administration & interpretation of health risk assessment instrument (e.g., health hazard appraisal) Unlisted preventive medicine service N/A N/A B.R. NEWBORN CARE 99432 Newborn care, in other than hospital setting, including physical examination of baby and conference(s) with parents. 9. IMMUNIZATION INJECTIONS 90700 Immunization, active; diptheria, tetanus toxoids, and acellular pertussis vaccine (DTP) diphtheria and tetanus toxoids and pertussis vaccine (DPT) diphtheria and tetanus toxoids (DT) 90701 diphtheria and tetanus toxoids (DT) 90702 mumps virus vaccine, live N/A N/A \$3.26 90705 measles virus vaccine, live N/A N/A \$18.30 90706 measles virus vaccine, live N/A N/A \$18.30 90707 measles, mumps and rubella virus vaccine, live N/A N/A \$25.67 90709 rubella and mumps virus vaccine, live N/A N/A \$27.42 90710 DTP and injectable poliomyelitis vaccine N/A N/A N/A N/A \$27.42					
99411 Counseling and/or risk factor reduction intervention(s) provided to healthy individuals in a group setting; approximately 30 minutes approximately 60 minutes Noncovered N/A Not Cov. OTHER PREVENTIVE MEDICINE SERVICES 94220 Administration & interpretation of health risk assessment instrument (e.g., health hazard appraisal) 99429 Unlisted preventive medicine service N/A N/A N/A N/A N/A N/A N/A B.R. 99432 Newborn care, in other than hospital setting, including physical examination of baby and conference(s) with parents. 9. IMMUNIZATION INJECTIONS 90700 Immunization, active; diptheria, tetanus toxoids, and acellular pertussis vaccine (DTaP) 90701 diphtheria and tetanus toxoids and pertussis vaccine (DPT) N/A N/A N/A \$12.89 90702 diphtheria and tetanus toxoids (DT) N/A N/A N/A \$3.06 90703 tetanus toxoid N/A N/A N/A \$3.00 90704 mumps virus vaccine, live N/A N/A N/A \$18.30 90705 measles virus vaccine, live measles and rubella virus vaccine, live N/A N/A N/A \$20.06 90707 rubella and mumps virus vaccine, live N/A N/A N/A \$18.73 90708 measles, mumps and rubella virus vaccine, live N/A N/A N/A N/A N/A N/A N/A N/	33404	approximately of minutes	MONCOVERED	N/A	NOT COV.
99411 Counseling and/or risk factor reduction intervention(s) provided to healthy individuals in a group setting; approximately 30 minutes approximately 60 minutes Noncovered N/A Not Cov. OTHER PREVENTIVE MEDICINE SERVICES 94220 Administration & interpretation of health risk assessment instrument (e.g., health hazard appraisal) 99429 Unlisted preventive medicine service N/A N/A N/A N/A N/A N/A N/A B.R. 99432 Newborn care, in other than hospital setting, including physical examination of baby and conference(s) with parents. 9. IMMUNIZATION INJECTIONS 90700 Immunization, active; diptheria, tetanus toxoids, and acellular pertussis vaccine (DTaP) 90701 diphtheria and tetanus toxoids and pertussis vaccine (DPT) N/A N/A N/A \$12.89 90702 diphtheria and tetanus toxoids (DT) N/A N/A N/A \$3.06 90703 tetanus toxoid N/A N/A N/A \$3.00 90704 mumps virus vaccine, live N/A N/A N/A \$18.30 90705 measles virus vaccine, live measles and rubella virus vaccine, live N/A N/A N/A \$20.06 90707 rubella and mumps virus vaccine, live N/A N/A N/A \$18.73 90708 measles, mumps and rubella virus vaccine, live N/A N/A N/A N/A N/A N/A N/A N/		PREVENTIVE MEDICINE, GROUP COUNSELING			i
99412 approximately 60 minutes Noncovered N/A Not Cov. OTHER PREVENTIVE MEDICINE SERVICES 99420 Administration & interpretation of health risk assessment instrument (e.g., health hazard appraisal) 99429 Unlisted preventive medicine service N/A N/A B.R. 8. NEWBORN CARE 99432 Newborn care, in other than hospital setting, including physical examination of baby and conference(s) with parents. 9. IMMUNIZATION INJECTIONS 90700 Immunization, active; diptheria, tetanus toxoids, and acellular pertussis vaccine (DTaP) diphtheria and tetanus toxoids and pertussis vaccine (DPT) N/A N/A \$12.89 90701 diphtheria and tetanus toxoids (DT) N/A N/A \$3.26 90703 tetanus toxoid N/A N/A \$3.00 90704 mumps virus vaccine, live measles virus vaccine, live, attenuated N/A N/A \$18.30 90706 measles virus vaccine, live N/A N/A \$18.73 90707 measles and rubella virus vaccine, live N/A N/A \$3.445 90708 measles and rubella virus vaccine, live N/A N/A \$27.42 90710 measles, mumps, rubella, and varicella vaccine Noncovered N/A Not Cov.	99411		N/A	N/A	Not Cov.
OTHER PREVENTIVE MEDICINE SERVICES Administration & interpretation of health risk assessment instrument (e.g., health hazard appraisal) 99429 Unlisted preventive medicine service N/A N/A B.R. NEWBORN CARE 99432 Newborn care, in other than hospital setting, including physical examination of baby and conference(s) with parents. 9. IMMUNIZATION INJECTIONS Immunization, active; diptheria, tetanus toxoids, and acellular pertussis vaccine (DTaP) diphtheria and tetanus toxoids and pertussis vaccine (DPT) diphtheria and tetanus toxoids (DT) N/A N/A \$12.89 90703 tetanus toxoid N/A N/A \$3.26 90703 mumps virus vaccine, live measles virus vaccine, live, attenuated N/A N/A \$18.30 90706 rubella virus vaccine, live, attenuated N/A N/A \$18.73 90707 measles, mumps and rubella virus vaccine, live measles and rubella virus vaccine, live measles, mumps virus vaccine, live N/A N/A \$34.45 N/A N/A \$25.67 N/A N/A \$27.42 Not Cov. DTP and injectable poliomyelitis vaccine Noncovered N/A Not Cov. Noncovered N/A Not Cov.					·
99420 Administration & interpretation of health risk assessment instrument (e.g., health hazard appraisal) 99429 Unlisted preventive medicine service 8. NEWBORN CARE 99432 Newborn care, in other than hospital setting, including physical examination of baby and conference(s) with parents. 9. IMMUNIZATION INJECTIONS Immunization, active; diptheria, tetanus toxoids, and acellular pertussis vaccine (DTaP) diphtheria and tetanus toxoids and pertussis vaccine (DPT) 90701 diphtheria and tetanus toxoids (DT) 10702 diphtheria and tetanus toxoids (DT) 10703 mumps virus vaccine, live measles virus vaccine, live, attenuated 10705 measles, mumps and rubella virus vaccine, live measles, mumps and rubella virus vaccine, live measles, mumps and rubella virus vaccine, live N/A N/A \$18.73 10707 measles, mumps virus vaccine, live N/A N/A \$25.67 10708 measles, mumps virus vaccine, live N/A N/A \$27.42 10710 measles, mumps, rubella, and varicella vaccine 10711 N/A N/A \$27.42	99412	approximately 60 minutes	Noncovered	N/A	Not Cov.
99420 Administration & interpretation of health risk assessment instrument (e.g., health hazard appraisal) 99429 Unlisted preventive medicine service 8. NEWBORN CARE 99432 Newborn care, in other than hospital setting, including physical examination of baby and conference(s) with parents. 9. IMMUNIZATION INJECTIONS Immunization, active; diptheria, tetanus toxoids, and acellular pertussis vaccine (DTaP) diphtheria and tetanus toxoids and pertussis vaccine (DPT) 90701 diphtheria and tetanus toxoids (DT) 10702 diphtheria and tetanus toxoids (DT) 10703 mumps virus vaccine, live measles virus vaccine, live, attenuated 10705 measles, mumps and rubella virus vaccine, live measles, mumps and rubella virus vaccine, live measles, mumps and rubella virus vaccine, live N/A N/A \$18.73 10707 measles, mumps virus vaccine, live N/A N/A \$25.67 10708 measles, mumps virus vaccine, live N/A N/A \$27.42 10710 measles, mumps, rubella, and varicella vaccine 10711 N/A N/A \$27.42					- 1
instrument (e.g., health hazard appraisal) Unlisted preventive medicine service N/A N/A N/A N/A N/A N/A N/A N/A N/A N/	00400		NI/A	A1/A	
8. NEWBORN CARE 99432 Newborn care, in other than hospital setting, including physical examination of baby and conference(s) with parents. 9. IMMUNIZATION INJECTIONS Immunization, active; diptheria, tetanus toxoids, and acellular pertussis vaccine (DTaP) diptheria and tetanus toxoids and pertussis vaccine (DPT) diptheria and tetanus toxoids (DT) videnteria and tetanus toxoids (DT) tetanus toxoid mumps virus vaccine, live measles virus vaccine, live, attenuated rubella virus vaccine, live measles, mumps and rubella virus vaccine, live measles, mumps, rubella, and varicella vaccine DTP and injectable poliomyelitis vaccine Noncovered N/A Not Cov.			IN/A	N/A	B.K.
8. NEWBORN CARE 99432 Newborn care, in other than hospital setting, including physical examination of baby and conference(s) with parents. 9. IMMUNIZATION INJECTIONS Immunization, active; diptheria, tetanus toxoids, and acellular pertussis vaccine (DTaP) diphtheria and tetanus toxoids and pertussis vaccine (DPT) diphtheria and tetanus toxoids (DT) videntheria and tetanus toxoid videntheria and videntheria vaccine, live vi			N/A	N/A	BR
Newborn care, in other than hospital setting, including physical examination of baby and conference(s) with parents. 9. IMMUNIZATION INJECTIONS Immunization, active; diptheria, tetanus toxoids, and acellular pertussis vaccine (DTaP) diphtheria and tetanus toxoids and pertussis vaccine (DPT) diphtheria and tetanus toxoids (DT) tetanus toxoid mumps virus vaccine, live measles virus vaccine, live, attenuated rubella virus vaccine, live measles, mumps and rubella virus vaccine, live measles, mumps, rubella, and varicella vaccine DTP and injectable poliomyelitis vaccine	1	,	,,,,	14// (J 1
physical examination of baby and conference(s) with parents. 9. IMMUNIZATION INJECTIONS Immunization, active; diptheria, tetanus toxoids, and acellular pertussis vaccine (DTaP) diphtheria and tetanus toxoids and pertussis vaccine (DPT) N/A N/A \$12.89 90702 diphtheria and tetanus toxoids (DT) N/A N/A \$3.26 90703 tetanus toxoid N/A N/A \$3.00 90704 mumps virus vaccine, live N/A N/A \$20.06 90705 measles virus vaccine, live, attenuated N/A N/A \$18.30 90706 rubella virus vaccine, live N/A N/A \$34.45 90708 measles, mumps and rubella virus vaccine, live N/A N/A \$25.67 90709 rubella and mumps virus vaccine, live N/A N/A \$27.42 90710 DTP and injectable poliomyelitis vaccine Noncovered N/A Not Cov.		8. NEWBORN CARE			l
physical examination of baby and conference(s) with parents. 9. IMMUNIZATION INJECTIONS Immunization, active; diptheria, tetanus toxoids, and acellular pertussis vaccine (DTaP) diphtheria and tetanus toxoids and pertussis vaccine (DPT) N/A N/A \$12.89 90702 diphtheria and tetanus toxoids (DT) N/A N/A \$3.26 90703 tetanus toxoid N/A N/A \$3.00 90704 mumps virus vaccine, live N/A N/A \$20.06 90705 measles virus vaccine, live, attenuated N/A N/A \$18.30 90706 rubella virus vaccine, live N/A N/A \$34.45 90708 measles, mumps and rubella virus vaccine, live N/A N/A \$25.67 90709 rubella and mumps virus vaccine, live N/A N/A \$27.42 90710 DTP and injectable poliomyelitis vaccine Noncovered N/A Not Cov.	99432	Newborn care in other than hospital setting including	Noncovered	N/A	Not Cov
9. IMMUNIZATION INJECTIONS Immunization, active; diptheria, tetanus toxoids, and acellular pertussis vaccine (DTaP) diphtheria and tetanus toxoids and pertussis vaccine (DPT) N/A N/A \$12.89 diphtheria and tetanus toxoids (DT) N/A N/A \$3.26 goroos tetanus toxoid N/A N/A \$3.00 mmps virus vaccine, live N/A N/A \$20.06 measles virus vaccine, live, attenuated N/A N/A \$18.30 goroof measles, mumps and rubella virus vaccine, live N/A N/A \$34.45 goroos measles and rubella virus vaccine, live N/A N/A \$25.67 goroop rubella and mumps virus vaccine, live N/A N/A \$25.67 goroop or nubella and mumps virus vaccine, live N/A N/A \$27.42 goroop or nubella and mumps virus vaccine, live N/A N/A \$27.42 goroop or nubella, and varicella vaccine Noncovered N/A Not Cov.			Monoovered	14/7	1401. COV.
90700 Immunization, active; diptheria, tetanus toxoids, and acellular pertussis vaccine (DTaP) 90701 diphtheria and tetanus toxoids and pertussis vaccine (DPT) N/A N/A \$12.89 90702 diphtheria and tetanus toxoids (DT) N/A N/A \$3.26 90703 tetanus toxoid N/A N/A \$3.00 90704 mumps virus vaccine, live N/A N/A \$20.06 90705 measles virus vaccine, live, attenuated N/A N/A \$18.30 90706 rubella virus vaccine, live N/A N/A \$18.73 90707 measles, mumps and rubella virus vaccine, live N/A N/A \$34.45 90708 measles and rubella virus vaccine, live N/A N/A \$25.67 90709 rubella and mumps virus vaccine, live N/A N/A \$27.42 90710 measles, mumps, rubella, and varicella vaccine Noncovered N/A Not Cov.	1				
pertussis vaccine (DTaP) diphtheria and tetanus toxoids and pertussis vaccine (DPT) diphtheria and tetanus toxoids (DT) diphtheria and tetanus toxoids (DT) tetanus toxoid mumps virus vaccine, live measles virus vaccine, live, attenuated rubella virus vaccine, live measles, mumps and rubella virus vaccine, live measles and rubella virus vaccine, live measles and rubella virus vaccine, live measles, mumps virus vaccine, live measles, mumps virus vaccine, live measles and rubella virus vaccine, live measles, mumps virus vaccine, live measles, mumps virus vaccine, live measles, mumps virus vaccine, live measles, mumps, rubella, and varicella vaccine DTP and injectable poliomyelitis vaccine Noncovered N/A N/A \$12.89 N/A N/A \$3.00 N/A N/A \$20.06 N/A N/A \$18.30 N/A \$18.73 N/A N/A \$25.67 N/A N/A N/A N/A \$25.67 Noncovered N/A Not Cov. Not Cov.			A1/A		
90701 diphtheria and tetanus toxoids and pertussis vaccine (DPT) N/A N/A \$12.89 90702 diphtheria and tetanus toxoids (DT) N/A N/A \$3.26 90703 tetanus toxoid N/A N/A \$3.00 90704 mumps virus vaccine, live N/A N/A \$20.06 90705 measles virus vaccine, live, attenuated N/A N/A \$18.30 90706 rubella virus vaccine, live N/A N/A \$18.73 90707 measles, mumps and rubella virus vaccine, live N/A N/A \$34.45 90708 measles and rubella virus vaccine, live N/A N/A \$25.67 90709 rubella and mumps virus vaccine, live N/A N/A \$27.42 90710 measles, mumps, rubella, and varicella vaccine Noncovered N/A Not Cov. 90711 DTP and injectable poliomyelitis vaccine	90700		N/A	N/A	\$19.30
90702 diphtheria and tetanus toxoids (DT) 90703 tetanus toxoid 90704 mumps virus vaccine, live 90705 measles virus vaccine, live, attenuated 90706 rubella virus vaccine, live 90707 measles, mumps and rubella virus vaccine, live 90708 measles and rubella virus vaccine, live 90709 rubella and mumps virus vaccine, live 90709 measles, mumps, rubella, and varicella vaccine 90710 DTP and injectable poliomyelitis vaccine N/A N/A \$3.26 \$3.26 N/A N/A N/A \$20.06 N/A N/A \$18.30 N/A N/A \$18.73 N/A N/A \$34.45 N/A N/A \$25.67 Noncovered N/A Not Cov.	90701		N/A	N/A	612 00
90703 tetanus toxoid N/A N/A \$3.00 90704 mumps virus vaccine, live N/A N/A \$20.06 90705 measles virus vaccine, live, attenuated N/A N/A \$18.30 90706 rubella virus vaccine, live N/A N/A \$18.73 90707 measles, mumps and rubella virus vaccine, live N/A N/A \$34.45 90708 measles and rubella virus vaccine, live N/A N/A \$25.67 90709 rubella and mumps virus vaccine, live N/A N/A \$27.42 90710 measles, mumps, rubella, and varicella vaccine Noncovered N/A Not Cov. 90711 DTP and injectable poliomyelitis vaccine					
90704 mumps virus vaccine, live N/A N/A \$20.06 90705 measles virus vaccine, live, attenuated N/A N/A \$18.30 90706 rubella virus vaccine, live N/A N/A \$18.73 90707 measles, mumps and rubella virus vaccine, live N/A N/A \$34.45 90708 measles and rubella virus vaccine, live N/A N/A \$25.67 90709 rubella and mumps virus vaccine, live N/A N/A \$27.42 90710 measles, mumps, rubella, and varicella vaccine Noncovered N/A Not Cov. 90711 DTP and injectable poliomyelitis vaccine Noncovered N/A Not Cov.					
90705 measles virus vaccine, live, attenuated N/A N/A \$18.30 90706 rubella virus vaccine, live N/A N/A \$18.73 90707 measles, mumps and rubella virus vaccine, live N/A N/A \$34.45 90708 measles and rubella virus vaccine, live N/A N/A \$25.67 90709 rubella and mumps virus vaccine, live N/A N/A \$27.42 90710 measles, mumps, rubella, and varicella vaccine Noncovered N/A Not Cov. 90711 DTP and injectable poliomyelitis vaccine Noncovered N/A Not Cov.					
90707 measles, mumps and rubella virus vaccine, live N/A N/A \$34.45 90708 measles and rubella virus vaccine, live N/A N/A \$25.67 90709 rubella and mumps virus vaccine, live N/A N/A \$27.42 90710 measles, mumps, rubella, and varicella vaccine Noncovered N/A Not Cov. 90711 DTP and injectable poliomyelitis vaccine Noncovered N/A Not Cov.			N/A	N/A	
90708 measles and rubella virus vaccine, live N/A N/A \$25.67 90709 rubella and mumps virus vaccine, live N/A N/A \$27.42 90710 measles, mumps, rubella, and varicella vaccine Noncovered N/A Not Cov. 90711 DTP and injectable poliomyelitis vaccine Noncovered N/A Not Cov.					
90709 rubella and mumps virus vaccine, live N/A N/A \$27.42 90710 measles, mumps, rubella, and varicella vaccine Noncovered N/A Not Cov. 90711 DTP and injectable poliomyelitis vaccine Noncovered N/A Not Cov.					
90710 measles, mumps, rubella, and varicella vaccine Noncovered N/A Not Cov. 90711 DTP and injectable poliomyelitis vaccine Noncovered N/A Not Cov.					
90711 DTP and injectable poliomyelitis vaccine Noncovered N/A Not Cov.					
TN# Approval Date: 1 i Fffective Date: 7/1/97					
		Approval Date:			NOT COV.

97-01 Supersedes TN# 96-05 4/4/97

			Page 12	ENT 4.19-B
Procedure		,	age 12	Maximun
Code	Procedure Description	Unit Value	Factor	Paymen
		O'III Valoe	1 40101	· ayıncı.
90712	poliovirus vaccine, live, oral (any type(s)	N/A	N/A	\$15.8
90713	poliomyelitis vaccine	N/A	N/A	\$18.5
90714	typhoid vaccine	N/A	N/A	\$12.4
90716	varicella (chicken pox) vaccine	N/A	N/A	\$46.4
90717	yellow fever vaccine	N/A	N/A	\$48.3
90719	diphtheria toxoid	Not Covered	N/A	Not Cov
90720	DTP and Hemophilus influenza B (HIB) vaccine	N/A	N/A	\$32.0
90721	diptheria, tetanua toxoids, & acellular pertussis vaccine	Not Covered	N/A	Not Cov
į	(DTAP) & hemophilus influenza B (HIB) vaccine			
90724	influenza virus vaccine	N/A	N/A	\$6.3
90725	cholera vaccine	N/A	N/A	\$4.8
90726	rabies vaccine	N/A	N/A	\$108.3
90727	plague vaccine	N/A	N/A	\$9.5
90728	BGC vaccine	N/A	N/A	\$133.2
90730	hepatitis A vaccine	Not Covered	N/A	\$52.6
90732	pneumococcal vaccine, polyvalent	N/A	N/A	\$12.5
90733	meningococcal polysaccharide vaccine (any group(s))	N/A	N/A	\$53.2
90737	Hemophilus influenza B	N/A	N/A	\$20.5
90741	Immunization, passive; immune serum globulin, human (ISG)	N/A	N/A	\$13.8
90742	specific hyperimmune serum globulin (eg, hepatitis B, measles,	N/A	N/A	B.R.
1	pertussis, rabies, Rho(D), tetanus, vaccinia, varicella-zoster)			
90744	Immunization, active hepatitis B vaccine; newborn to 11 years	N/A	N/A	\$19.8
90745		N/A	N/A	\$27.6
90749	Unlisted immunization procedure	N/A	N/A	B.R.

Procedure Code	Procedure Description	Unit Value	Factor	Maximum Payment
	1. MATERNITY CARE AND DELIVERY	Onit Value	1 20101	rayment
l	INCISION			
	Amniocentesis, any method	N/A	N/A	\$107.72
	Cordocentesis (intrauterine), any method	N/A	N/A	\$144.23
	Chorionic villus sampling, any method	N/A	N/A	\$79.49
	Fetal contraction stress test	N/A	N/A	\$50.92
59025	Fetal non-stress test	N/A	N/A	\$54.99
	Fetal scalp blood sampling;	N/A	N/A	\$85.25
	Fetal monitoring during labor by consulting physician with written	N/A	N/A	\$41.47
	report; supervision and interpretation	1477 (14//	Ψ+1.+7
59051	interpretation only	N/A	N/A	\$38.02
1	EXCISION			
	Hystrotomy, abdominal (eg, for hydatidiform mole, abortion)	N/A	N/A	\$247.68
	Surgical treatment of ectopic pregnancy; tubal or ovarian, requiring	N/A	N/A	\$368.87
	salpingectomy and/or oophorectomy, abdominal or vaginal approach	14//3	WA	\$300.07
59121		N/A	N/A	\$301.59
59130	taran or overtain, triancour carping cottonly among coping cottonly	N/A	N/A	\$328.78
59135		N/A	N/A	\$542.82
59136	interstitial uterine pregnancy with partial resection of uterus	N/A	N/A	\$342.02 \$366.11
59140		N/A	N/A	\$228.33
	Laparoscopic treatment of ectipic pregnancy; without	N/A	N/A	•
	salpingectomy and/or oophorectomy	13//5	IN/A	\$266.80
	with salpingectomy and/or oophorectomy	N/A	N/A	607447
	Curettage, postpartum (separate procedure)	N/A		\$374.17
00.00	out and go, postpartain (separate procedure)	18/75	N/A	\$137.09
1	NTRODUCTION			
59200	nsertion of cervical dilator	Bundled	N/A	Bundled
N# /	Approval Date:	Effective Date:	7/1/97	

TN# 97-01 Supersedes TN# 96-05

4/4/97

			ATTACHM Page 12a	ENT 4.19-B
Procedure			,	Maximun
Code	Procedure Description	Unit Value	Factor	Paymen
	REPAIR			
59300	Episiotomy or vaginal repair only, by other than attending physician; sinple	N/A	N/A	\$79.4
59320	Cerclage or cervix, during pregnancy; vaginal	N/A	N/A	\$104.6
	abdominal	N/A	N/A	\$164.2
59350	Hysterorrhaphy of ruptured uterus	N/A	N/A	\$208.5
50.400	DELIVERY, ANTEPARTUM AND POSTPARTUM CARE			
59400	Routine obstetric care (all inclusive, "global" care) including antepartum care, vaginal delivery (with or	N/A	N/A	\$1,727.9
59409	without episiotomy, and/or forceps) and postpartum care Vaginal delivery only (with or without episiotomy and/or	N/A	N/A	\$873.0
	forceps;			•
	including postpartum care	N/A	N/A	\$982.0
59412	External cephalic version, with or without tocolysis	N/A	N/A	\$72.1
	Delivery of placenta (separate procedure)	N/A	N/A	\$67.7
	Antepartum care only, 4-6 visits	N/A	N/A	Not Covere
59426	7 or more visits	N/A	N/A	Not Cover
5944M** 5945M**	Routine antepartum care, first trimester	N/A	N/A	\$200.5
5945M**	Routine antepartum care, second trimester Routine antepartum care, third trimester	N/A	N/A	\$200.
5950M**	Antepartum care only (Total trimester)	N/A N/A	N/A N/A	\$344.7 \$745.9
	Postpartum care only (rotal timester)	N/A	N/A	\$109.0
33400	**Procedure code assigned by State	IV/A	IN/A	Φ103.
	Procedure code 59420 deleted in 1993 CPT. Replaced with 5950M CESAREAN SECTION			
59510	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care.	N/A	N/A	\$1,727.9
947 M**	Antepartum and postpartum care and assist at cesarean section	N/A	N/A	\$942.3
	Cesarean delivery only;	N/A	N/A	
	including postpartum care	N/A		\$873.0
50525	ICubiatal astatal buatawastamu aftas assausas deliusas.		N/A	\$982.0
35323	Subtotal or total hysterectomy after cesarean delivery **Procedure code assigned by State	N/A	N/A N/A	\$982.0
35323		N/A		\$982.0
	**Procedure code assigned by State Procedure code 59515 separated into two codes in 1994 CPT, 59514	N/A 4 and 59515.	N/A	\$982.6 \$582.6
59812	**Procedure code assigned by State Procedure code 59515 separated into two codes in 1994 CPT, 59514	N/A		\$982.6 \$582.6
59812	**Procedure code assigned by State Procedure code 59515 separated into two codes in 1994 CPT, 59514	N/A 4 and 59515.	N/A	\$982.6 \$582.6 \$167.0
59812 59820	**Procedure code assigned by State Procedure code 59515 separated into two codes in 1994 CPT, 59514	N/A 4 and 59515. N/A N/A	N/A N/A N/A	\$982.1 \$582.1 \$167.1 \$184.1
59812 59820 59821	**Procedure code assigned by State Procedure code 59515 separated into two codes in 1994 CPT, 59514	N/A 4 and 59515. N/A	N/A N/A	\$982. \$582. \$167. \$184. \$170.
59812 59820 59821 59830 59840	**Procedure code assigned by State Procedure code 59515 separated into two codes in 1994 CPT, 59514	N/A 4 and 59515. N/A N/A N/A	N/A N/A N/A	\$982. \$582. \$167. \$184. \$170. \$249.
59812 59820 59821 59830 59840 59841	**Procedure code assigned by State Procedure code 59515 separated into two codes in 1994 CPT, 59514	N/A 4 and 59515. N/A N/A N/A N/A	N/A N/A N/A N/A	\$982.1 \$582.1 \$167.1 \$184.1 \$170.1 \$249.1 \$194.1
59812 59820 59821 59830 59840 59841 59850	**Procedure code assigned by State Procedure code 59515 separated into two codes in 1994 CPT, 59514	N/A 4 and 59515. N/A N/A N/A N/A N/A N/A	N/A N/A N/A N/A N/A	\$982.1 \$582.1 \$167.1 \$184.1 \$170.1 \$249.1 \$194.1 \$261.1 \$231.1
59812 59820 59821 59830 59840 59841 59850 59851	**Procedure code assigned by State Procedure code 59515 separated into two codes in 1994 CPT, 59514	N/A 4 and 59515. N/A N/A N/A N/A N/A N/A N/A N/	N/A N/A N/A N/A N/A N/A N/A N/A	\$982.1 \$582.1 \$167.0 \$184.1 \$170.1 \$249.1 \$261.0 \$231.0 \$241.0
59812 59820 59821 59830 59840 59841 59850 59851	**Procedure code assigned by State Procedure code 59515 separated into two codes in 1994 CPT, 59514	N/A 4 and 59515. N/A N/A N/A N/A N/A N/A N/A N/	N/A	\$982.6 \$582.6 \$167.6 \$184.5 \$170.5 \$249.6 \$194.2 \$261.6 \$231.6 \$241.6 \$324.6
59812 59820 59821 59830 59840 59841 59850 59851	**Procedure code assigned by State Procedure code 59515 separated into two codes in 1994 CPT, 59514	N/A 4 and 59515. N/A N/A N/A N/A N/A N/A N/A N/	N/A N/A N/A N/A N/A N/A N/A N/A	\$982.6 \$582.6 \$167.6 \$184.6 \$170.6 \$249.6 \$194.2 \$261.6 \$231.6 \$241.6 \$324.6
59812 59820 59821 59830 59840 59841 59850 59851 59852	**Procedure code assigned by State Procedure code 59515 separated into two codes in 1994 CPT, 59514	N/A 4 and 59515. N/A N/A N/A N/A N/A N/A N/A N/	N/A	\$982.6 \$582.6 \$167.6 \$184.6 \$170.6 \$249.6 \$194.6 \$231.6 \$241.6 \$243.6
59812 59820 59821 59830 59840 59841 59850 59851	**Procedure code assigned by State Procedure code 59515 separated into two codes in 1994 CPT, 59514	N/A 4 and 59515. N/A N/A N/A N/A N/A N/A N/A N/	N/A	\$982.6 \$582.6 \$167.6 \$184.5 \$170.5 \$249.6 \$194.2 \$261.6 \$231.6 \$241.6 \$243.5 \$301.3
59812 59820 59821 59830 59840 59841 59850 59851 59855	**Procedure code assigned by State Procedure code 59515 separated into two codes in 1994 CPT, 59514	N/A 4 and 59515. N/A N/A N/A N/A N/A N/A N/A N/A N/A N/	N/A	\$982.6 \$582.6 \$167.6 \$184.6 \$170.6 \$249.6 \$194.2 \$261.6 \$231.6 \$241.6 \$243.6 \$301.6
59812 59820 59821 59830 59840 59841 59850 59851 59855 59856 59857	**Procedure code assigned by State Procedure code 59515 separated into two codes in 1994 CPT, 59514	N/A 4 and 59515. N/A N/A N/A N/A N/A N/A N/A N/A N/A N/	N/A	\$873.0 \$982.0 \$582.3 \$167.0 \$184.5 \$170.5 \$249.0 \$194.2 \$261.0 \$231.0 \$241.6 \$324.5 \$301.3 \$366.5

97-01 Supersedes TN# 96-05 4/4/97